

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

IN RE: SORIN 3T HEATER-	:	MDL DOCKET NO. 2816
COOLER SYSTEM PRODUCTS	:	Civil Action No. 1:18-MDL-2816
LIABILITY LITIGATION (NO. II)	:	
	:	Judge John E. Jones, III
	:	
	:	THIS DOCUMENT RELATES TO:
	:	ALL CASES
	:	

PLAINTIFF FACT SHEET

Plaintiff: _____
(Printed Name)

This Plaintiff Fact Sheet must be completed pursuant to the Pretrial Order by each plaintiff or their personal representative. Section IX must be completed by loss of consortium plaintiffs.

In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question, and do not leave any blanks throughout this Fact Sheet. If you cannot recall all of the details requested, please provide as much information as you can. If a question is not applicable to you, please state "Not Applicable" or "N/A." If any information you need to complete this Fact Sheet is in the possession of your attorney or other representative, please consult with that attorney or representative so that you can fully and accurately respond to the questions. If you do not have room in the space provided to complete your answer, please attach as many sheets of paper as necessary to fully answer the questions. You are obligated to supplement your responses if you learn that they are incomplete or incorrect in any material respect. No answer requires any waiver of privilege.

As used herein, the term "communication" and/or "correspondence" shall mean and refer to any oral, written or electronic transmission of information, including, without limitation, meetings, discussions, conversations, telephone calls, memoranda, letters, e-mails, text messages, conferences, or seminars or any other exchange of information.

As used herein, the term “identify” or “identity” with respect to persons, means to give, to the extent known, the person’s full name, their present or last known addresses and phone numbers.

As used herein, the term “person” means natural person, as well as corporate and/or governmental entity.

As used herein, “your attorney” refers to the attorneys that represent you individually in this lawsuit.

As used herein, the terms “Relating to,” “relate to,” “referring to,” “refer to,” “reflecting,” “reflect,” “concerning,” or “concern” shall mean evidencing, regarding, concerning, discussing, embodying, describing, summarizing, containing, constituting, showing, mentioning, reflecting, pertaining to, dealing with, relating to, referring to in any way or manner, or in any way logically or factually, connecting with the matter described in that paragraph of these demands, including documents attached to or used in the preparation of or concerning the preparation of the documents.

As used herein, “3T Device” means the Sorin 3T Heater-Cooler Units, including all parts, components, and accessories.

NOTE TO PEOPLE IN A REPRESENTATIVE CAPACITY

If you are completing this form in a representative capacity, only the information in Section I asks for information about you, individually. Throughout the rest of the Plaintiff Fact Sheet, the questions seek information about the person who you claim was injured, or on whose behalf you bring this lawsuit. Other than in Section I, when a question asks for information about “you” or the “plaintiff,” please provide information about the person you claim was injured or on whose behalf you have brought this lawsuit.

I. CASE INFORMATION

1. Name of person completing this form: _____
2. State the following for the civil action which you filed:
 - a. Current case caption: _____
 - b. Current case number: _____

3. State the name, address, telephone and facsimile numbers, and e-mail address of the principal attorney representing you:
- a. Name: _____
 - b. Firm: _____
 - c. Address: _____
 - d. Telephone: _____ Fax: _____
 - e. E-mail: _____
4. If you are completing this questionnaire in a representative capacity (*e.g.*, on behalf of an estate, or incapacitated or deceased person), please state the following information about yourself:
- a. Name: _____
 - b. Any other names (*e.g.*, maiden name or alias) you have used or by which you have been known and the dates you used those names:

 - c. Your Address: _____
 - d. Individual or estate you are representing, and in what capacity you are representing the individual or estate: _____

 - e. If you were appointed as a representative by a court, state the court:

 - f. Date of Appointment: _____
 - g. State your relationship with the represented person claimed to be injured:

- h. If you represent a decedent's estate, state the date and the address of the place of death:

II. PERSONAL INFORMATION (Re: Person Claiming Injuries)

1. State the following regarding your personal information:

a. Full Name: _____

b. Any other names (*e.g.*, maiden name or alias) you have used or by which you have been known and the dates when you used those names: _____

c. Social Security Number: _____

d. Address: _____

e. State how long you have lived at your present address: _____

f. Identify all persons who lived with you at the time of the events alleged in the Complaint, and their relationship to you: _____

2. Driver's license number and state issuing license: _____

3. Date and place of birth: _____

4. Sex: Male: _____ Female: _____

5. If you have Medicare, please state your HICN number (if known):

6. Identify each address at which you have resided during the last 10 years, and list the approximate years when you started and stopped living at each one:

Address	Dates of Residence

7. Are you currently, or have you ever been, married? _____ Yes _____ No

If “yes,” for each spouse, please state the following:

Name and Address (if different from yours) of Spouse	Spouse's Date of Birth	Date Marriage Began/Ended	How Marriage Ended

8. For each of your children, please state their name(s) and year(s) of birth:

9. Identify the following information for each school, college, university, or other educational institution you have attended beginning with high school:

Name of School	City and State	Dates of attendance	Degree Awarded	Major or Primary Field

10. For your current employer (if you are not currently employed, your last employer) and each employer for the last ten (10) years, state the following:

Name and Address of Employer	Approx. Dates of Employment	Occupation/Job Title	Reason for Leaving

11. Have you ever served in any branch of the military? ____ Yes ____ No

Branch(es) and date(s) of service: _____

If yes, were you ever discharged for any reason relating to your medical or physical condition? ____ Yes ____ No

If yes, state what that condition was: _____

12. Have you ever been rejected from military service for any reason relating to your medical or physical condition? ____ Yes ____ No

If yes, state what the condition was: _____

13. Have you been convicted of a felony or a crime involving a dishonest act or false statement in the last ten (10) years? ____ Yes ____ No

If “yes,” state the type and nature of the underlying conduct or event:

Court/State entering conviction: _____

Date of conviction: _____

III. SURGERY INFORMATION

To the extent responsive information to the questions below is available in medical records in your possession or in the possession of your attorneys, please produce such records.

1. Do you have information that a 3T Device was used during the surgery allegedly connected to the infection at issue? _____ Yes _____ No

If “yes,” please describe that information: _____

When did you first discover this information? _____

How did you learn this? _____

Serial Number of the 3T Device used (if known): _____

2. State the following information related to the surgery(ies) at which you claim you were injured by a 3T Device (answer separately for each surgery):

Date of surgery: _____

Location of surgery (hospital or facility name and full address): _____

Physician performing the surgery: _____

Type of surgery: _____

Identify any infections you had, if any, during the 12 months before you had surgery: _____

Identify all persons with whom you had discussions about the risks of surgery, and describe the risks discussed: _____

3. Has anyone other than your attorneys told you that the 3T Device caused the infection or injury that is the basis for this lawsuit? _____ Yes _____ No

If “yes,” identify the person who told you and their relationship to you:

What were you told? _____

4. Are you aware of any non-privileged tests or inspections that have been conducted of the 3T Device allegedly used at your surgery, or of any other 3T Device?

_____ Yes _____ No

If “yes,” state the following:

Date(s) of testing: _____

Model/Serial No. of unit(s): _____

Name and address of person or entity that conducted testing: _____

Description of tests conducted: _____

Results of testing: _____

IV. INFECTION INFORMATION

1. Identify the date you were diagnosed with the infection that is the subject of this lawsuit: _____
2. Identify the type of pathogen you allege caused the infection that is the subject of this lawsuit and the basis for your knowledge: _____

3. Has the type of pathogen that you allege caused your infection been confirmed through a bacterial culture or other form of testing?

_____ Yes _____ No

If “yes,” identify the particular test performed, the facility that performed the test, and the date of the test: _____

4. If You answered “yes” to Question 3, has any bacterial speciation or genetic analysis of your infection-causing pathogen been performed?

_____ Yes _____ No

If “yes,” identify the analysis performed and the facility that performed the analysis: _____

5. If You answered “yes” to Question 3 or to Question 4, has any Person or facility retained any culture, isolate, tissue sample, or specimen taken from Your body? _____ Yes _____ No _____ Unknown

If “yes,” identify where it is being retained: _____

V. GENERAL MEDICAL INFORMATION

1. Identify the following vital statistics:

Current (last) height: _____

Current (last) weight: _____

2. Identify the name and address of your current (last) family and/or primary care physician:

3. Identify all healthcare providers with whom you have consulted or treated beginning seven (7) years before the surgery at which you claim you were injured by a 3T Device through the present, and for each provider, state the following information:

Provider Name	Specialty	Address	Approx. Dates/Years of Visits	Reasons for Seeing this Provider

4. For each hospital, clinic, surgery center, healthcare facility, physical therapy or rehabilitation center where you have received medical treatment (in-patient, out-patient, urgent care or emergency room) from the time seven (7) years before the surgery at which you claim you were injured by a 3T Device to the present, state the following information:

Name	Address and Telephone Number	Admission Date(s)	Reason for Admission

5. List all of the medications (prescription and over the counter) you currently take.

Medication	Dose/ Frequency of Use	Physician Ordering	Purpose

6. For each prescription medication you have taken at least once a month over the course of four months or more at any time during the last seven (7) years prior to the surgery, other than the ones above, identify the following information:

Name of Prescription Medication	Who Prescribed the Medication	Understanding of Reason for Taking	Dates/years taken

7. Identify the following for each pharmacy, drugstore, or other facility or supplier (including, but not limited to, mail order pharmacies) that has dispensed medication to you in the past seven (7) years:

Name of Pharmacy	Address and Telephone Number of Pharmacy	Approx. Dates/Years You Used Pharmacy

8. Identify all dental procedures you had beginning 6 months prior to and continuing through 6 months after the surgery during which you claim you were injured by the 3T Device. For each procedure, provide the following information:

Dentist or Healthcare Provider's Name and Address	Address	Date of Procedure	Type of Procedure

9. Have you ever used tobacco in any form from the time five (5) years before the surgery at which you claim you were injured by the 3T Device?

_____ Yes _____ No

If “yes,” identify the following:

Type(s) of tobacco used: _____

Dates of use: _____

Amount of tobacco used: _____ packs per day for _____ years.

Other description of tobacco use: _____

VI. INSURANCE AND OTHER CLAIM INFORMATION

1. Identify any person, insurance company (including any Medicare Advantage Organization), or other entity, including Medicare or Medicaid, that provided medical coverage to you (either directly or through a group, including any employer) or paid medical bills on your behalf at any time, beginning five (5) years before your alleged injuries through the present.

Name of Entity	Policy Number	Name of Policy Holder or Insured (if not you)	Approx. Dates of Coverage

2. Have you filed a worker's compensation claim in the last ten (10) years?

_____ Yes _____ No

If "yes," please state:

The approximate year of the claim: _____

Your employer: _____

Nature of disability: _____

3. Have you ever been out of work for more than thirty (30) days in any one or more of the last ten (10) years, for any reasons related to your health excluding maternity leave? _____ Yes _____ No

If "yes," please state:

The approximate date(s) you were out of work: _____

The reason(s) you were out of work: _____

4. Have you ever filed social security disability claims (SSI or SSD) or filed a disability claim with a private insurer? _____ Yes _____ No

If "yes," please state:

Approximate year of the claim: _____

Nature of disability: _____

Was the claim denied? _____ Yes _____ No

5. Have you filed a lawsuit or made a claim, other than the present lawsuit, relating to any bodily injury in the last ten (10) years? _____ Yes _____ No

If "yes," please state:

Approximate date the lawsuit or claim was filed or made: _____

Court/State where the lawsuit was filed: _____

Name of the Defendant, if known: _____

Brief description of the claims asserted: _____

6. Have you filed for bankruptcy since the date of the surgery in which you claim you were injured by the 3T Device? _____ Yes _____ No

If “yes,” state when and in what court, and how the case was resolved: _____

VII. CURRENT CLAIM INFORMATION

1. Do you allege that you suffered physical and/or bodily injury related to use of a 3T System? _____ Yes _____ No

If “yes,” describe each bodily injury:

If you are currently experiencing any symptoms related to an alleged injury that you attribute to use of a 3T System, describe your symptoms and any treatment you are currently receiving: _____

Describe any activities that you can no longer perform, or cannot perform as well, since the time you allege you were injured: _____

Describe any other physical harm or consequences you suffered as a result:

2. Do you allege that use of a 3T Device worsened or aggravated a previously existing injury or condition? _____ Yes _____ No

If “yes,” describe the previously existing injury or condition, the approximate date of onset of the previously existing injury or condition, and any treatment for and resolution of the injury or condition: _____

3. Do you claim damages related to emotional distress or psychological injuries as a result of use of a 3T Device? _____ Yes _____ No

If “yes,” describe the emotional distress or psychological injuries and the approximate date of onset: _____

4. If you are claiming damages related to emotional distress, provide the following information for any psychiatrist, psychologist, or any other mental healthcare professional who has ever treated you, or who you are currently seeing, for any alleged emotional distress described in the previous question:

Provider Name	Specialty	Address	Reason for Visit	Approx. Dates/Year s of Visits

5. Have you or has anyone acting on your behalf (other than your attorney) had any communications with any of the Defendants regarding your surgery with and/or claim of injuries from use of a 3T Device? _____ Yes _____ No

If “yes,” provide the approximate date(s), type (email, phone, letter, etc.), persons involved, if known, and general substance of the communication:

6. Did any representative of Defendants ever tell you that you got a warranty related to the 3T System or otherwise represent to you the expected performance of the 3T System? _____ Yes _____ No

If “yes,” state the following: provide the approximate date(s), type of communication (email, phone, letter, etc.), persons involved, if known, and substance of the representation: _____

7. In connection with the surgery at which you claim you were injured, were you given any oral or written information or warnings concerning the surgery? Concerning the 3T Device?

_____ Yes _____ No

If “yes,” state the following:

When these were given: _____

A description of the information or warnings: _____

Identify each person or entity from whom you recall receiving the information or warnings listed above:

If you recall, list any questions you asked, and the answers they gave, regarding the information or warnings listed above: _____

VIII. ECONOMIC DAMAGES

1. Are you making a claim for loss of past wages or income?

_____ Yes _____ No

If “yes,” state the following:

Approximate time you lost from work: _____

Approximate income you claim you lost: _____

State your approximate total earned income (including any salary, bonus, and benefits) for each year, beginning three years prior to the injury you allege is related to the use of a 3T System through the present:

Year	Annual gross income

2. Are you making a claim for loss of future wages, income, or earning capacity? _____ Yes _____ No

If “yes,” state the following:

Approximate amount of lost future wages or income you are claiming:

\$ _____

Basis for calculation of lost future wages or income: _____

3. Have you paid out-of-pocket medical expenses that are related to any condition that you allege was caused by a defect in a 3T Device?

_____ Yes _____ No

If "yes," state the approximate total amount paid out-of-pocket:

\$ _____

4. For any expenses claimed above, have they been reimbursed or reduced by any third party? _____ Yes _____ No

If "yes," identify who reimbursed or reduced these expenses: _____

5. To your knowledge, has your insurer, or any other entity or person (including the government or a governmental agency or program), paid or incurred any medical expenses related to any condition that you allege was caused by the 3T Device? _____ Yes _____ No

If "yes," identify the name and approximate dates during which your insurer, or other entity or person, paid or incurred any such medical expenses: _____

6. Provide a statement of the nature and approximate amount of any other economic damages you claim in this lawsuit: _____
- _____
- _____

IX. PERSONS WITH KNOWLEDGE

1. Identify each person (other than your healthcare providers or attorneys) who possesses important information about the facts of your lawsuit, including your injuries and current medical conditions, to the extent not already listed:

Name	Address	Relationship to You	Subject Matter of Knowledge

2. Has anyone (other than your healthcare providers or attorneys) provided you with a verbal or written statement about the facts or circumstances relating to this lawsuit, including the use of a 3T Device or the conduct or representations of Defendants?

_____ Yes _____ No

If “yes,” please identify the person, state when they gave you this statement and summarize its contents: _____

X. LOSS OF CONSORTIUM PLAINTIFFS

1. State the following:
 - a. Your name: _____
 - b. Any other names (*e.g.*, maiden name or alias) you have used or by which you have been known and the dates you used those names: _____

 - c. Your Social Security Number: _____
 - d. Your address: _____
 - e. State how long you have lived at your present address: _____
2. Sex: Male: _____ Female: _____
3. Identify each address at which you have resided during the last five (5) years, and list when you started and stopped living at each one:

Address	Dates of Residence

4. Are you currently, or have you ever been, married to the primary plaintiff in this action? _____ Yes _____ No

 If “yes,” please state when and where you were married, how long you were married, and when and how the marriage ended (if it did): _____

5. Do you have any children with the primary plaintiff? _____ Yes _____ No

If “yes,” please identify their names and years of birth: _____

X. DOCUMENTATION

1. **Authorizations:** Please sign and attach to this Fact Sheet the authorizations for release of records appended hereto. The “Dates of service” on the Authorization shall be limited to seven (7) years prior to the alleged surgery in which You claim you were injured by the 3T device to the present.
2. **Documents within your possession:** if you have any of the following materials in your possession, please attach a copy to this Fact Sheet.
 - A. All diagnostic tests and test results, including original films or video of ultra sounds, MRIs, x-rays, CT scans, etc., taken during the time from seven (7) years before the surgery at which you allege you were injured by use of a 3T Device to the present.
 - B. Copies of all documents from physicians, healthcare providers, or others related to the surgery at which you claim you were injured, any heater-cooler device, or your recovery from surgery.
 - C. Any documents that reflect, show or establish the use of a 3T Device or other heater-cooler device during the surgery at which you claim you were injured.
 - D. All documents related to, concerning, or constituting product use instructions, product warnings, package inserts, warranties, guarantees, or other materials provided to you that relate to the 3T Device.
 - E. All non-privileged statements obtained from or given by any person having knowledge of facts relevant to your specific case.
 - F. All documents relating to the surgery at which you claim you were injured, including, but not limited to medical records, medical bills, prescriptions, diaries, notes, rehabilitation instructions, etc., whether made by you or any other person or entity.

G. All documents regarding the health risks or hazards associated with or possibly arising from surgery, which you received or generated in connection with or at any time before the surgery at which you claim you were injured.

H. All documents related to any analysis or testing (including results) performed by any Person on any culture, isolate, sample, or specimen taken from in or on Your body for any type of bacterial culture, bacterial speciation, or bacterial strain analysis.

I. All documents in your possession that you believe were provided to you by any Defendant (unless they first were given to you by your attorney), related to the claims in your case.

J. All documents and things in your possession that relate to any Defendant and were in your possession before the surgery at which you claim you were injured, related to the claims in your case.

K. If you claim to have suffered a loss of earnings, or lost earnings capacity, your federal tax returns and W-2s for each year, beginning three years prior to the injury you allege is related to the use of a 3T Device through the present.

L. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy, or other healthcare provider.

M. If applicable:

- Decedent's death certificate
- Decedent's autopsy
- As to Decedent's estate, the Certificate of Appointment of Executor

VERIFICATION

Pursuant to 28 U.S.C. § 1746, I declare that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge.

Print Name

Signature

Date

Print Name
(Loss of Consortium Plaintiff)

Signature

Date

**HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF
PATIENT MEDICAL INFORMATION PURSUANT TO 45 CFR 164.508**

TO: _____
Name of Health Care Provider/Physician/Facility

Street Address

City, State and Zip Code

RE: Patient Name: _____

Date of Birth: _____ Social Security No.: _____

I authorize and request the disclosure of all protected information for the purposes of review and evaluation in connection with a legal claim. I expressly request that the designated records custodian of all covered entities under HIPAA identified above disclose full and complete protected medical information including the following:

- All medical records, meaning every page in my record, regardless of form or medium, including but not limited to, office notes, face sheets, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, videotapes and telephone messages.
- All physical, occupational and rehab requests, consultations and progress notes.
- All laboratory and radiology records including CT scan, MRI, MRA, EMG, bone scan, nerve conduction study, videos/CDs, films/reels and reports.
- All pharmacy/prescription records.
- All records received from other medical providers.
- All billing records including all statements, insurance claim forms, itemized bills, and records of billing to third party payers and payment or denial of benefits.
- **Dates of service:** _____

I understand the information to be released or disclosed may include special records, such as information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV), alcohol and drug abuse, and

psychiatric or psychotherapy treatment. I authorize the release or disclosure of this type of information.

This protected health information is disclosed for the following purposes: Litigation

This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived.

You are to release the above records to the following representatives of defendant(s) in the above-entitled matter who has agreed to pay reasonable charges made by you to supply copies of such records:

Faegre Baker Daniels
2200 Well Fargo Center
90 So. 7th St.
Minneapolis, MN 55402

This authorization is being forwarded by, or on behalf of, attorneys for the defendant for the purpose of litigation. You are NOT authorized to discuss any aspect of the above-named person's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition, unless you receive an additional authorization permitting such discussion. Subject to all applicable legal objections, this restriction does not apply to discussing my medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on my medical or physical condition at a deposition or trial.

I understand the following: See CFR § 164.508(c)(2)(i-iii)

- a. I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
- b. The information released in response to this authorization may be re-disclosed to other parties and no longer protected.
- c. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the records requested herein.

This authorization shall be in force and effect until two years from the date of execution at which time this authorization expires.

By signing below, I authorize the release of the medical information requested and specifically waive the confidentiality protections afforded by Pennsylvania statutory law for the special records indicated above.

**Signature of Patient or Legally
Authorized Representative**

Date

Name and Relationship of Legally Authorized Representative to Patient
(See 45 CFR § 154.508(c)(1)(iv))